





## **Trusted Intermediaries consent form**

	Name of Claimant:
	National Insurance number
	Date of birth.
سر	Name of Trusted Intermediary:
V	National Insurance Number:
	Date of Birth:/
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.,	You will be alerted electronically to any information/data your Trusted Intermediary
	provides and you will have responsibility for any errors and repay any overpayments
	made as a result of information provided by your Trusted Intermediary.
	Your Trusted Intermediary will be able to contact Universal Credit on your behalf regarding your claim by telephone or letter. You are ultimately responsible for the
	information provided by your Trusted Intermediary.
	You may terminate your Trusted Intermediary's authority at any time by writing to us at:
	Universal Credit Post Handling Site B
	Wolverhampton WV99 1AJ
	VVV99 IAU
	Declaration:

I agree that:		A. Cotto de Agra		A Company of the State of the S	
I remain responsible for the correctness of my Universal Credit claim even information has been provided by my Trusted Intermediary.					
If I am overpaid Univermy Trusted Intermedia	e information ack the over	provided by paid amount.			
I understand that I can Credit at the address lis	withdraw this costed above.	onsent at any time	by writing to	Universal	
Signed (Claimant)					
Name (print)		Dar			
Signed (Trusted Intermedian	(A) ≤4	Date			
Name (print)					
Signed (Adviser)	**********	Date		W.	
Name (print)					
This form should be read out Trusted Intermediary present declaration to ensure all area	t before the Tru	sted Intermediary	and adviser s	with the sign the	

You can find out more about how the DWP uses your information at <a href="http://www.dwp.gov.uk/privacy-policy/">http://www.dwp.gov.uk/privacy-policy/</a>